

<i>SERFF Tracking Number:</i>	<i>SBMS-126100557</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>SBLI of MA</i>	<i>State Tracking Number:</i>	<i>42056</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Notice and Consent, Employer-Owned Life Insurance</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: SBLI of MA

Product Name: Notice and Consent, Employer- SERFF Tr Num: SBMS-126100557 State: Arkansas  
Owned Life Insurance

TOI: L07I Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 42056  
Closed

Sub-TOI: L07I.101 Fixed/Indeterminate Co Tr Num: State Status: Approved-Closed  
Premium - Single Life

Filing Type: Form Reviewer(s): Linda Bird  
Disposition Date: 04/07/2009  
Authors: Jim Coady, James MacDougall, Jason Brush, Dwight Wilbur

Date Submitted: 04/06/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:  
State Filing Description:

## General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 06/10/2008
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 04/07/2009	Explanation for Other Group Market Type:
	State Status Changed: 04/07/2009
Deemer Date:	Created By: Jim Coady
Submitted By: Jim Coady	Corresponding Filing Tracking Number:
Filing Description:	
SBLI of MA	
NAIC CO. Code 70435	

Enclosed for your review and approval is Form # AM-209, "Notice and Consent Form, Employer-Owned Life Insurance".

SERFF Tracking Number: SBMS-126100557 State: Arkansas  
Filing Company: SBLI of MA State Tracking Number: 42056  
Company Tracking Number:  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Notice and Consent, Employer-Owned Life Insurance  
Project Name/Number: /

The content of this form is as defined for notice and consent requirements under Section 101(j) of the Internal Revenue Code in order for the proceeds from employer-owned life insurance contracts to be tax free. The form will be included in our previously approved Life Insurance application packages for Employer Owned Life Insurance policies.

The application forms to be used in conjunction with this form are the A-90 series of forms approved previously by you:

Filing #: SBMS - 125795100

Date of Approval: 10/3/2008

Thank you in advance for your assistance with this submission.

## Company and Contact

### Filing Contact Information

James Coady, Jcoady@SBLI.com  
1 Linscott Road 781-994-5410 [Phone]  
Woburn, MA 01801 781-994-4124 [FAX]

### Filing Company Information

SBLI of MA CoCode: 70435 State of Domicile: Massachusetts  
1 Linscott Road Group Code: 4553 Company Type: Life  
Woburn, MA 01801 Group Name: State ID Number:  
(781) 938-3500 ext. [Phone] FEIN Number: 04-3117253

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$75.00  
Retaliatory? Yes  
Fee Explanation: Domicile State (MA) fe = \$75.00  
Per Company: No

*SERFF Tracking Number:* SBMS-126100557      *State:* Arkansas  
*Filing Company:* SBLI of MA      *State Tracking Number:* 42056  
*Company Tracking Number:*  
*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life  
*Product Name:* Notice and Consent, Employer-Owned Life Insurance  
*Project Name/Number:* /

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
SBLI of MA	\$75.00	04/06/2009	26979491

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/07/2009	04/07/2009

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Notice and Consent, Employer-Owned Life Insurance	Jim Coady	04/07/2009	04/07/2009

<i>SERFF Tracking Number:</i>	<i>SBMS-126100557</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Notice and Consent, Employer-Owned Life Insurance</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 04/07/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Notice and Consent, Employer-Owned Life Insurance

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form ( <i>revised</i> )	Notice and Consent, Employer-Owned Life Insurance		Yes
Form	Notice and Consent, Employer-Owned Life Insurance	Replaced	Yes

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TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Notice and Consent, Employer-Owned Life Insurance

Project Name/Number: /

## Amendment Letter

Submitted Date: 04/07/2009

### Comments:

My review of this filing shows that I neglected to attach a copy of the form.

I apologize for my error in preparing the filing, and have attached Form AM-209 under the form schedule.

Thank you.

### Changed Items:

#### Form Schedule Item Changes:

#### Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
AM-209	Other	Notice and Consent, Employer-Owned Life Insurance	Initial				50.000	AM-209.pdf

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 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Notice and Consent, Employer-Owned Life Insurance  
 Project Name/Number: /

## Form Schedule

Lead Form Number: AM-209

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AM-209	Other	Notice and Consent, Initial Employer-Owned Life Insurance			50.000	AM-209.pdf





The Savings Bank Life Insurance  
Company of Massachusetts  
One Linscott Road, Woburn MA 01801  
Telephone (800) 694-7254

## NOTICE AND CONSENT FORM EMPLOYER-OWNED LIFE INSURANCE

Name of Employer (hereinafter "the Company"): \_\_\_\_\_

Name of Employee/Director of Company: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age Nearest Birthday (Cannot Exceed 65) \_\_\_\_\_  
(Month) (Day) (Year)

Home Address: \_\_\_\_\_  
(Street) (City or Town) (Zip Code)

Business Address: \_\_\_\_\_  
(Street) (City or Town) (Zip Code)

### Check One of the Following:

☐ I consent to have life insurance purchased on my life for the benefit of the Company, and I acknowledge that the Company has an insurable interest on my life. I have been advised that the maximum face amount of insurance to be purchased on my life at the time of issue will be no more than \$\_\_\_\_\_. I have received a written explanation from the Company, understand the reason(s) for this life insurance and agree to have insurance placed on my life. I agree that the Company will have all of the rights of ownership, will pay all premiums, and will be the named beneficiary of the life insurance policy. I understand and agree that my administrators, estate, heirs, and assignees have no rights to any policy proceeds or benefits, unless specifically agreed otherwise in a separate written agreement between the Company and me. I further understand the Company may keep a life insurance policy, or policies, in effect on my life after my employment (or service as Director) with the Company has ended.

☐ I do not consent to have life insurance placed on my life by the Company. I understand that my declining to provide consent will not adversely affect my employment (or my service as Director).

\_\_\_\_\_  
EMPLOYEE NAME

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	
<b>Comments:</b>	Flesch Certification for form AM-209 is attached.	
<b>Attachment:</b>	AM-209 Flesch Certification.pdf	

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Application	
<b>Comments:</b>	Submitted form is not a policy, but a supplemental form to be used with our previously approved application package.	
The application forms, approved by Arkansas on 10/03/2008, under Filing SBMS-125795100, consisted of forms A-90, A-91AR, A-91A, A-92 and A-93 and a set of related amendments and questionnaires.		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Life & Annuity - Acturial Memo	
<b>Bypass Reason:</b>	Not applicable. Submission consists of a single form to be used to supplement our previously approved application package.	
<b>Comments:</b>		

THE SAVINGS BANK LIFE INSURANCE  
COMPANY OF MASSACHUSETTS

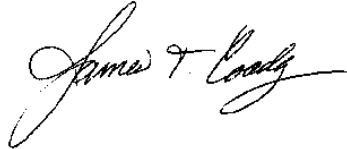
FLESCH CERTIFICATION

FORM AM-209  
NOTICE AND CONSENT FORM, EMPLOYER-OWNED LIFE INSURANCE

I hereby certify that in my judgment the form in this submission meets the objective standards of readability/Flesch scores as required by applicable laws or regulations.

Minimum Flesch score, in conjunction with previously approved application forms: 50

By: James Coady, VP, Compliance

A handwritten signature in black ink, appearing to read "James T. Coady", written in a cursive style.

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## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/06/2009	Form	Notice and Consent, Employer-Owned Life Insurance	04/07/2009	